

REQUEST TO DESIGNATE A THIRD PARTY

MAIL TO:
VIRGINIA E. ALLEN, RECEIVER OF TAXES
THIRD PARTY NOTIFICATION
40 NASSAU AVENUE
ISLIP, NEW YORK 11751

A: I request that a duplicate of any tax bill or statement of unpaid taxes with respect to my property as described below be mailed to the person I have designated.

In making this request I understand that neither the tax collecting officer nor any other local government employee has any liability if for any reason the duplicate is not mailed to or not received by my designee.

TO BE COMPLETED BY ASSESSED OWNER

ASSESSED OWNER (LAST NAME FIRST)

MAILING ADDRESS

POST OFFICE

STATE

ZIP CODE

DESCRIPTION OF PROPERTY NUMBER (DISTRICT-SECTION-BLOCK-LOT)

ITEM NUMBER

TAX BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

SIGNATURE

DATE

TO BE COMPLETED BY THIRD PARTY

THIRD PARTY NAME (LAST NAME FIRST)

MAILING ADDRESS

POST OFFICE

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER

THIRD PARTY SIGNATURE

B: THE APPLICANT IS: _____ AT LEAST 65 YEARS OLD _____ DISABLED
(CHECK ONE)